

17698
U.S. PTO
013004

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	CS03-048
First Inventor	Yisuo Li
Title	A SEMICONDUCTOR DEVICE LAYOUT AND
Express Mail Label	ER 699 051 470 US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P. O. Box 1450 Alexandria VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i>		8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	
3. <input checked="" type="checkbox"/> Specification [Total Pages 34] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 8]		9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
5. Oath or Declaration [Total Pages 3] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i> 		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
		17. <input type="checkbox"/> Other: _____	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

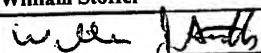
Continuation Divisional Continuation-in-part (CIP) of prior application No.: _____

Group / Art Unit: _____

Prior application information: Examiner _____
 For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/>	Customer Number:	30402		or <input type="checkbox"/> Correspondence address below
Name	William J Stoffel			
Address	1735 Market St - Ste A PMB 455			
City	Philadelphia	State	PA	Zip Code
Country	USA	Telephone	215-670-1455	Fax

Name (Print/Type)	William Stoffel	Registration No. (Attorney/Agent)	39,390
Signature			Date 1/30/04

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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U.S. PTO

PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
\$1,496.00

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Yisuo Li
Examiner Name	
Art Unit	
Attorney Docket No.	CS03-048

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None Deposit Account:Deposit Account Number **30402**Deposit Account Name **William Stoffel**

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) or any underpayment of fee(s) Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non - English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
Total Claims 39 -20** = 19 X 18.00 = 342.00			
Independent Claims 7 - 3** = 4 X 86.00 = 344.00			
Multiple Dependent			
Fee Description			
Fee Code (\$)	Fee Code (\$)		
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (1) (\$)	\$770.00		
Fee from below			
Extra Claims			
Total Claims 39 -20** = 19 X 18.00 = 342.00			
Independent Claims 7 - 3** = 4 X 86.00 = 344.00			
Multiple Dependent			
Fee Description			
Fee Code (\$)	Fee Code (\$)		
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)	\$686.00		
Fee Description			
Fee Code (\$)	Fee Code (\$)		
1202 40	2802 40	Recording each patent assignment per property (times number of properties)	40.00
1809 770	2809 385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	
Other fee (specify)			
SUBTOTAL (3) (\$)	\$40.00		

*or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

Complete if applicable					
SUBMITTED BY					
Name (Print/Type)	William J Stoffel	Registration No. (Attorney/Agent)	39,390	Telephone	215-670-2455
Signature	William J Stoffel			Date	1/30/04

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P.O. Box 1450
Alexandria, VA 22313-1450

5 From: William J. Stoffel Customer no. 30402
Reg no . 39.390

1735 Market St - Ste A
PMB 455
Philadelphia, PA 19103
215-670-2455

10

Subject:

Serial No. TBD
DOCKET : CS03-048
Inventor: Yisuo Li
Title : **A SEMICONDUCTOR DEVICE LAYOUT AND CHANNELING IMPLANT PROCESS**

Group Art Unit:
Examiner:

CERTIFICATE OF MAILING BY EXPRESS MAIL UNDER R 37 CFR 1.10

15

I hereby certify that the following correspondence:

patent application comprising: Patent application transmission sheet, Fee transmittal form, credit card form, declaration signed & POA, specification 34 pages, FIGS (8 sheets) , IDS and non-patent references, assignment cover sheet, assignment papers

is being deposited with the United States Postal Service "express mail post office to Addressee service" under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450 On Jan 30, 2004.

Signature/Date William J. Stoffel 1/30/04
William J. Stoffel Reg. No. 39,390

Express mail label No. ER 699 051 470 US